

# EXHIBIT 1

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

DONALD LYLE STRATTON,

Plaintiff,

v.

JULIE BUCK, et al.,

Defendants.

NO. C09-5571-RJB-KLS

DECLARATION OF RONALD  
FREDERICK

I, RONALD FREDRICK, make the following declaration:

1. I have knowledge of the facts herein, am over eighteen years of age, and am competent to testify to such facts. I am not a party to this lawsuit.

2. I am the Grievance Program Manager in the Office of Correctional Operations, Washington State Department of Corrections (DOC), located in Tumwater, Washington. My official duties include responding to questions regarding the inmate grievance program statewide, reviewing grievances appealed to Level III and reporting to courts and DOC officials on the status of the grievance program. I have held this position since the fall of 2009.

3. The Washington Offender Grievance Program (OGP) has been in existence since the early 1980s and was implemented on a department-wide basis in 1985.

1           4.     Under the OGP, inmates may file grievances on a wide range of issues relating  
2 to their incarceration. For example, inmates may file grievances challenging: 1) DOC  
3 institution policies, rules and procedures; 2) the application of such policies, rules and  
4 procedures; 3) the lack of policies, rules or procedures that directly affect the living conditions  
5 of the offender; 4) the actions of staff and volunteers; 5) the actions of other offenders; 6)  
6 retaliation by staff for filing grievances; and 7) physical plant conditions. An offender may not  
7 file a grievance challenging: 1) state or federal law; 2) court actions and decisions; 3)  
8 Indeterminate Sentence Review Board actions and decisions; 4) administrative segregation  
9 placement or retention; 5) classification/unit team decisions; 6) transfers; and 7) disciplinary  
10 actions.

11           5.     Under the OGP, a wide range of remedies are available to inmates. These  
12 remedies include: 1) restitution of property or funds; 2) correction of records; 3) administrative  
13 actions; 4) agreement by department officials to remedy an objectionable condition within a  
14 reasonable time; and 5) a change in a local or department policy or procedure.

15           6.     The grievance procedure consists of four levels of review:

16           Level 0 - Complaint or informal level. The grievance coordinator at the prison receives  
17 a written complaint from an offender on an issue about which the offender wishes to pursue a  
18 formal grievance. At this complaint level, the grievance coordinator pursues informal  
19 resolution, returns the complaint to the offender for rewriting, returns the complaint to the  
20 offender requesting additional information, or accepts the complaint and processes it as a  
21 formal grievance. Routine and emergency complaints accepted as formal grievances begin at  
22 Level I, complaints alleging staff misconduct are initiated at Level II.

23           Level I - Grievances against policy, procedure, or other offenders, and grievances  
24 processed as emergencies. The local grievance coordinator is the respondent at this level.

25     //

26     //

1        Level II - Appeal. Inmates may appeal Level I grievances to Level II. Staff conduct  
2 grievances are initiated at this level. All appeals and initial grievances received at Level II are  
3 investigated and the prison superintendent is the respondent. Emergency grievances can only  
4 be appealed to Level II.

5        Level III - Appeal. Inmates may appeal all Level II responses except emergency  
6 grievances to Department headquarters in Tumwater, where they are re-investigated.  
7 Administrators are the respondents.

8        7.        The DOC's grievance system is well known to inmates. Currently, over 20,000  
9 grievances are filed per year system wide. An inmate must file his grievance at the facility  
10 where the concerns arose. He cannot file at another facility because staff does not have  
11 jurisdiction over any other facility.

12        8.        Donald Stratton, DOC #313710, is a DOC inmate that has filed a lawsuit  
13 against individuals employed at the Department of Corrections about the medical treatment he  
14 received after he was assaulted by another inmate. It is my understanding that Mr. Stratton's  
15 lawsuit concerns allegations that staff violated his rights when they did not provide pain  
16 medication to him.

17        9.        I have reviewed DOC's official grievance records concerning Mr. Stratton.

18        10.        According to DOC records, Mr. Stratton submitted an initial offender complaint  
19 regarding his concerns over the treatment he received after he was assaulted by another inmate.  
20 He states that neither the hospital nor the institution provided him with pain medication after  
21 the assault. Attached to this declaration as Attachment A is a true and correct copy of Mr.  
22 Stratton's initial grievance, Grievance Log ID #0820258, dated August 21, 2008. He was  
23 informed at that time that he was not allowed to grieve entities outside of the facility, such as a  
24 hospital.

25        //

26        //

1           11.     On September 2, 2008, Mr. Stratton submitted another initial offender  
2 complaint regarding the same issue. Attached to this declaration as Attachment B is a true and  
3 correct copy of Mr. Stratton's initial grievance, Grievance Log ID #0820716, dated September  
4 2, 2008. He was again informed that this issue was non-grieveable.

5           12.     Mr. Stratton then submitted a letter to the grievance program manager stating  
6 that he was having problems with the Stafford Creek Corrections Center's grievance  
7 coordinator and asked for assistance. Attached to this declaration as Attachment C is a true  
8 and correct copy of Mr. Stratton's letter dated September 19, 2008. He was informed by the  
9 Grievance Program Manager, Devon Schrum, that his complaints were defective and was told  
10 he may rewrite and resubmit his complaint. Attached to this declaration as Attachment D is a  
11 true and correct copy of Devon Schrum's Correspondence Reply dated October 6, 2008.

12           13.     Five months later, Mr. Stratton filed a rewritten offender complaint. Attached  
13 to this declaration as Attachment E is a true and correct copy of Mr. Stratton's cover letter and  
14 complaint, Grievance Log ID #0820258, both dated March 13, 2009. He was told that he  
15 waited too long to rewrite the grievance.

16           14.     Although the Grievance Program Manager did not explicitly outline the  
17 timeframe to rewrite, the OGP in effect at the time Mr. Stratton initiated these complaints  
18 states that the grievant "Submits the new information / rewrite to the grievance coordinator  
19 within five (5) working days of having received the original response."

20           15.     It is my understanding that Mr. Stratton filed a lawsuit about this matter in  
21 September of 2009.

22           16.     On February 25, 2010, I received a letter from Mr. Stratton asking for another  
23 chance to resubmit his complaints and reopen Grievance #0820258. Attached to this  
24 declaration as Attachment F is a true and correct copy of Mr. Stratton's letter dated February  
25 19, 2010.

26     //

17. Mr. Stratton was informed that he has shown no good cause for waiting five months to send in the rewrite of his initial complaint. He was reminded that the OGP states that rewrites are to be submitted within five working days. Attached to this declaration as Attachment G is a true and correct copy of my Correspondence Reply to Mr. Stratton dated March 3, 2010.

I declare under the penalty of perjury that the foregoing is true and correct to the best of my knowledge.

EXECUTED this 29<sup>TH</sup> day of March, 2010, at Tumwater, Washington.

  
RONALD FREDERICK

# **ATTACHMENT A**

LOG I.D. NUMBER

0820 258

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONSMEDICAL  
OFFENDER COMPLAINTCHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <b>Stratton</b>	FIRST <b>Donald</b>	MIDDLE <b>Lyle</b>	DOC NUMBER <b>313710</b>
PROGRAM ASSIGNMENT <b>x</b>	WORK HOURS <b>x</b>	FACILITY/OFFICE <b>SCCC</b>	UNIT/CELL <b>F-C22</b>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
-------------------------------------	-------------	----------	------------------

I WANT TO GRIEVE: On 8/17/08 at 2005 hours I was assaulted by another inmate and went to the Emergency Room and Trauma Center due to the assault. Officers estimated around 50 punches all to the head. I was not given any type of medication for severe pain in my head and face. I was never told nor asked if I wanted any type of medications from the incident. Not even at the hospital.

Now I have recovered fully besides a few bruises. I went 5 days with pain and no medication

## SUGGESTED REMEDY:

- ① What do you think should be done?  
② What type of agreement would be fair?  
or

③ None ☒

ANSWER

MANDATORY

SIGNATURE

DATE

## GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

LOCATION CODE **SO1**

DATE RECEIVED

8/29/08

- ☐ The complaint was resolved informally.  
☐ Additional information and/or rewriting is needed.  
(See below.) Return within five (5) days or by:

Due Date: \_\_\_\_\_

☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: you can not grieve outside entities  
such as G.H. Hospital.

INITIAL COMPLAINT OBJECTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	SO	521446	08	08	8/29/08		

Distribution: **WHITE**-Grievance Program Manager  
DOC 05-165 (Rev. 2/05/07)**CANARY**-Grievance Coordinator**PINK**-Grievant

DOC 550.100



# **ATTACHMENT B**

CONFIDENTIAL

RECEIVED

SEP 11 2008

OFFENDER PROGRAMS

LOG I.D. NUMBER

0820716

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONSMEDICAL  
OFFENDER COMPLAINTCHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <b>STRATTON</b>	FIRST <b>DONALD</b>	MIDDLE <b>LYLE</b>	DOC NUMBER <b>313710</b>
PROGRAM ASSIGNMENT <b>—</b>	WORK HOURS <b>—</b>	FACILITY/OFFICE <b>SCCC</b>	UNIT/CELL <b>F-C22</b>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
-------------------------------------	-------------	----------	------------------

I WANT TO GRIEVE: ON 8/17/08 / 2008 I WAS ASSAULTED BY ANOTHER INMATE AND WENT TO THE HOSPITAL FOR EXAMS. OFFICERS ESTIMATED 50 PUNCHES, 2 KICKS ALL TO THE HEAD AND FACE. WHILE HERE I RECEIVED NO MEDICATIONS FOR SEVERE PAIN. NOR IMU / SCCC DOCTORS, OR NURSES GAVE ME ANY TYPE OF MEDICATION.

I RECOVERED FULLY BESIDES BRUISES.  
5 DAYS OF PAIN / NO MEDICATION.

VIOLATES: RCW 41.05.200, 1<sup>st</sup> 5<sup>th</sup> 8<sup>th</sup> 14 AMENDMENTS / WASH CONST, ARTICLE 1 SECTION 3. ~~RCW~~ RCW 9.42.110.

SUGGESTED REMEDY: PLEASE PROVIDE ME WITH THE NAMES, POSITIONS OF THE MEDICAL STAFF WHO PROVIDED TREATMENT ON 8-17-08 (2005 HOURS), 8-17-08 (2015 HOURS IMU NURSE), 8-18-08 (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> SHIFT) IN MEDICAL. THIS INFORMATION IS GOVERNED BY RCW 42.56.580

MANDATORY

SIGNATURE

09-02-08

DATE

## GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

LOCATION CODE

201

DATE RECEIVED

9/5/08

- ☐ The complaint was resolved informally.  
☒ Additional information and/or rewriting is needed.  
 (See below.) Return within five (5) days or by:  
 Due Date: 9/12/08  
☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: YOU CANNOT SITE RCW'S OR LAW  
PLEASE REWRITE & RESUBMIT.

THIS WAS FOUND NOT GRIEVABLE W/ LOG ID 0820288

INITIAL COMPLAINT INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	SO	521	446	08	08	9/5/08	<i>[Signature]</i>

Distribution: WHITE-Grievance Program Manager  
DOC 05-165 (Rev. 2/05/07)

CANARY-Grievance Coordinator

PINK-Grievant

DOC 550.100

ATTACHMENT

B

# **ATTACHMENT C**

DATE  
MAILED  
09.19.08

Donald L. Stratton # 313710 / Fnc-22  
Stafford Creek Corrections Center  
191 Constantine Way  
Aberdeen, WA 98520

4305

RECEIVED  
SEP 29 2008  
OFFENDER PROGRAMS

Department of Corrections  
Grievance Program Manager  
Central Grievance Office  
P.O. Box 41129  
Olympia, WA 98504-1129

19 September 2008

RE: Grievance Issue

Enclosures: 3 grievances

Dear Grievance Coordinator,

- 1) I have tried to resolve this current problem that I am having with SCCC Grievance Coordinator. On several occasions she has denied my grievances as non-grievable because I was stating the exact facts. Please read the enclosed and resolve this as soon as you are able to.
- 2) I just cannot deal with her attitude towards my relevant grievances.
- 3) Please Do what you can and please return my enclosed documents at your convenience.

Sincerely,



MAILED 09.19.08  
SCCC - 1MU

LOG I.D. NUMBER



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

CHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

OFFENDER COMPLAINT

GC MISCONDUCT

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST Stratton	FIRST Donald	MIDDLE L	DOC NUMBER 313710
PROGRAM ASSIGNMENT X	WORK HOURS X	FACILITY/OFFICE SCCC	UNIT/CELL ENC-22

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX SCCC 1191 Constantine Way	CITY, STATE Aberdeen, WA	ZIP CODE 98520	TELEPHONE NUMBER X
--	-----------------------------	-------------------	-----------------------

I WANT TO GRIEVE: On log #0820258, the GC replied saying that I cannot grieve an outside business. All I stated was that I was not given any medications from an assault, I did not grieve the Hospital that I was sent to, I just added the facts. And I followed all of the rules.

SUGGESTED REMEDY:

Re-conduct this log #0820528 (Attached) because the GC said her self on log # 0820716, it was found not grievable after I tried to resubmit it.

MANDATORY

SIGNATURE (Keep Pink Copy) DATE

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout sheet on \_\_\_\_\_.
- ☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by:  
Due Date: \_\_\_\_\_
- ☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

INITIAL COMPLAINT/OTIS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		

Distribution: **WHITE**-Grievance Program Manager **CANARY**-Grievance Coordinator **PINK**-Grievant  
DOC 05-165 (Rev. 2/05/07)

DOC 550.100

# **ATTACHMENT D**

## Correspondence Reply

Communication from:	DOC #:	Facility:	Date Received:
<b>Donald Stratten</b>	<b>313710</b>	<b>Stafford Creek Corrections Center</b>	<b>9/29/2008</b>
Correspondence Number:	Reply designee:	Subject:	Description:
<b>4305</b>	<b>Devon Schrum</b>	<b>letter and grievances</b>	<b>non-grievable grievances and the grievance coordinator</b>
Grievance Log ID Number:			
<b>0820258</b>			

- ☐ Per grievance policy guidelines, you must submit all grievance complaints and subsequent appeals on DOC form 5-165 directly to the grievance coordinator at the facility where the incident occurred. This office does not process any initial grievances and/or Level II and III grievance appeals. You may rewrite your complaint and submit it to the facility grievance coordinator within two days of your receipt of this response.
- ☐ All appeals must be submitted directly to the facility grievance coordinator for processing. In order for your appeal to be accepted, you must rewrite it and forward it to the facility grievance coordinator within two working days of your receipt of this letter.
- ☐ Your grievance was processed and responded to at levels I, II, and III. The Level III response provides you the final Department of Corrections response. You have exhausted administrative remedies in this matter and there will be no further response.
- ☐ The Washington State Department of Corrections Offender Grievance Program does not address complaints against the county jails. Please contact jail staff regarding any internal grievance system they may employ.
- ☐ Per OGP 075, Complaints, Formal Grievances, and Appeals: Limits On Quantity, an individual offender may not have more than a combined total of five formal grievances and/or appeals in the process at any one time at levels I through III. Additionally, an offender may not file more than five written complaints in a calendar week. Your complaint was not processed because you exceeded quantity limits. You do have the option to withdraw a grievance if you feel a new complaint takes precedence and to inform the local grievance coordinator which of the complaints filed you wish to pursue within the limit.
- ☐ Your complaint was found not grievable by the local grievance coordinator. I concur with the not grievable finding.
- ☐ Per OGP 080 (11), grievance coordinators are authorized to return complaints and level II and III appeals for additional information. It is also acceptable for grievance coordinators to return complaints for rewriting into acceptable formats. Requests for a rewrite are between the grievance coordinator and the grievant and are NOT appealable to the Central grievance Office in Olympia. Failure to follow the local Grievance Coordinator's directions for rewriting may result in the administrative withdrawal of your complaint.

Additional Comments Mr. Stratten,

You may grieve inadequate medical care or you cannot use third party information such as what the officers think or estimate. You may rewrite and submit

Grievance Program Manager Signature:

Devon Schrum

Date 10/26/08

through SCC Coordinators.

ATTACHMENT

D cc: Obenland

# **ATTACHMENT E**



Donald L. Stratton, 313710  
Airway Heights Corr. Ctr.  
P.O. Box 2049: TB-24  
Airway Heights, WA 99001

March 13, 2009

Grievance Coordinator  
Stafford Creek Corr. Ctr.  
191 Constantine Way  
Aberdeen, WA 98520

RE: Grievance Appeal


Dear Ms. Obenland.

On 08-21-08, I filed a grievance relating to denial of medical treatment. You denied the grievance because you stated I grieved a Hospital. See log ID# 0820258.

On 09-02-08, I filed another grievance relating to medical treatment. You denied the grievance for two reasons: (1) "You can not cite RCW's or Law"; (2) "This was found not grievable with log ID# 0820258.

On 10-06-08, I sought a review for log ID# 0820258 from GPM Devon Schrum. He sent a copy of this to you. Did he not? Moreover, I gave you ample time to re-file it, but you didn't. So, enclosed is another grievance. Please re-file it. See Devon Schrum's correspondence #4305.

Sincerely,

  
Donald L. Stratton

LOG I.D. NUMBER

0820258



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

## OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <i>Stratton</i>	FIRST <i>Donald</i>	MIDDLE <i>L</i>	DOC NUMBER <i>313716</i>
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE <i>AHCC</i>	UNIT/CELL <i>TB-24</i>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS	STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
-----------------	--------------------	-------------	----------	------------------

I WANT TO GRIEVE: *SCCC medical for failure to follow policy and procedure. On 08-17-08 I was assaulted. I was not given any medications for severe pain. I suffered pain for 5 entire days, you were ordered to re-file this from log 10 # 0820258 by GPM Devon Schrum.*

## SUGGESTED REMEDY:

*Disclose the medical staff's names  
Re-file this grievance under log 10 # 0820258*

MANDATORY

*Donald L Stratton*  
SIGNATURE

*03/13/09*  
DATE

## GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

LOCATION CODE

504

DATE RECEIVED

3/19/09

- ☐ The complaint was resolved informally.  
☐ Additional information and/or rewriting is needed.  
 (See below.) Return within five (5) days or by:

Due Date: \_\_\_\_\_  
☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: *Response from HQ was in early Oct. 2008. You have waited 5 months before re-filing this letter from MS. Schrum instructed for you to refile & resubmit.*

INITIAL COMPLAINT OR ITS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	50	521	446	08	08	3/19/09	<i>[Signature]</i>

# **ATTACHMENT F**

February 19, 2010

RECEIVED  
FEB 24 2010  
OFFENDER PROGRAMS

DOC Grievance Program Manager  
Central Grievance Office  
Po Box 41129  
Olympia, WA 98504

Dear Grievance Program Manager,

I am incarcerated at AHCC, and have had previous issues with SCCC, S.Obenland. I would like to ask you to review this matter.

Initially on August 17, 2008, I filed a grievance about not being provided any medications when I was assaulted. The grievance was denied because I allegedly grieved an outside entity, which I was not; I just stated that I never got medication at the hospital either - it was a plain statement. See Log #0820258.

Then, On September 2, 2008. I tried to re-file the grievance, this time curing the deficiencies, however, the grievance was denied because I cited RCW law, and it was found not grievable with Log #0820258; see also Log #0820716.

Then, I sent a letter addressed to the GPM, Mr. Devon Schrum. The issue was resolved, and I was permitted to re-write and resubmit the grievance through SCCC Grievance Office; See Correspondence #4305.

I sent a grievance to SCCC Grievance Office on or about March 13, 2009, which I attempted to refile the grievance, however, the reply by Mr Schrum did not specify the time limit, so I waited. The grievance was denied because I waited 5 months; it should've been processed because there was not set time limit or else I would have promptly mailed it accordingly.

I ask respectfully that I be allowed another chance to resubmit promptly, or at least, SCCC Grievance Coordinatory reopen Log #0820258 and allows the process to restart. I thank you for your assistance in this matter. I look forward to hearing from you soon.

Sincerely,  
/S/ Donald L. Stratton  
Donald L. Stratton, DOC #313710  
AHCC, Po Box 2049; TB-24  
Airway Heights, WA 99001

CC: File (If I can refile, please send a copy of your response to the SCCC Grievance Office)

# **ATTACHMENT G**

## Correspondence Reply

Communication from:

DOC #:

Facility:

Date Received:

*Donald Slatton, 313710, AHCC, 2/24/10*

Correspondence Number:

Reply designee:

Subject:

Description:

*9089*

*Ronald Frederick*

*appeal*

*Please*

Grievance Log ID Number:

*0820258, 0820716, 4305*

*re-open*

*old grievances*

- ☐ Per grievance policy guidelines, you must submit all grievance complaints and subsequent appeals on DOC form 5-165 directly to the grievance coordinator at the facility where the incident occurred. This office does not process any initial grievances and/or Level II and III grievance appeals. You may rewrite your complaint and submit it to the facility grievance coordinator within two days of your receipt of this response.
- ☐ All appeals must be submitted directly to the facility grievance coordinator for processing. In order for your appeal to be accepted, you must rewrite it and forward it to the facility grievance coordinator within two working days of your receipt of this letter.
- ☐ Your grievance was processed and responded to at levels I, II, and III. The Level III response provides you the final Department of Corrections response. You have exhausted administrative remedies in this matter and there will be no further response.
- ☐ The Washington State Department of Corrections Offender Grievance Program does not address complaints against the county jails. Please contact jail staff regarding any internal grievance system they may employ.
- ☐ Per OGP 075, Complaints, Formal Grievances, and Appeals: Limits On Quantity, an individual offender may not have more than a combined total of five formal grievances and/or appeals in the process at any one time at levels I through III. Additionally, an offender may not file more than five written complaints in a calendar week. Your complaint was not processed because you exceeded quantity limits. You do have the option to withdraw a grievance if you feel a new complaint takes precedence and to inform the local grievance coordinator which of the complaints filed you wish to pursue within the limit.
- ☒ Your complaint was found not grievable by the local grievance coordinator. I concur with the not grievable finding.
- ☐ Per OGP 080 (11), grievance coordinators are authorized to return complaints and level II and III appeals for additional information. It is also acceptable for grievance coordinators to return complaints for rewriting into acceptable formats. Requests for a rewrite are between the grievance coordinator and the grievant and are NOT appealable to the Central grievance Office in Olympia. Failure to follow the local Grievance Coordinator's directions for rewriting may result in the administrative withdrawal of your complaint.

Additional Comments

*You have provided no reason for waiting 5 months to send your rewrite. OGP states that rewrites should be submitted within 5 ~~month~~ working days of receipt of response. It also explains that the entire process should generally take 90 days.*

Grievance Program Manager Signature:

*[Signature]*

Date *3-3-10*